

Statement of Economic Interest

("Long Form")

Mail original to State Ethics Commission, 1324 Mail Service Center, Raleigh, NC 27699-1324

Office location: Administration Building, 116 West Jones Street, Room G-068, Raleigh 27601

For assistance please call 919-807-4620 or e-mail: ethics.commission@ncmail.net.

An electronic version of this form and additional information about its completion is available on the Commission's website at www.ethicscommission.nc.gov.

CONTACT INFORMATION

Name of Person Filing _____

Mailing or Home Address¹ _____

Job Title/Employer _____

Daytime Phone Number _____

E-Mail Address _____

If you are filing because you are serving on or being considered for appointment to a State board, commission, task force, authority, or similar public body ("board"), please list the full name(s) of all boards on which you are serving or to which you are being considered for appointment:

Please provide the following information concerning your spouse and other members of your immediate family.² If the information requested does not apply, please indicate "none."

Name (First, Last) ³	Occupation	Employer	Business

¹ **With the exception of judicial officers** (including Justices or judges of the General Court of Justice, district attorneys, and clerks of court), persons holding or seeking an elected office with a residency requirement must provide a home address.

² Immediate family includes your spouse (unless legally separated) and members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) **that reside in your household**.

³ Judicial officers and candidates for those offices may use the initials of unemancipated children instead of those children's names. If initials are used, the children's names should be provided on a supplemental form available on the Commission's website.

I. \$10,000 PLUS DISCLOSURES

If you, your spouse, or other members of your immediate family have assets or liabilities with a market value of at least \$10,000 in the following categories, please provide the requested information as of December 31st of the preceding year, unless another time period is specified in the question.

- ▶ Do not list the value of those assets or liabilities.
- ▶ Do not list assets or liabilities held in a “blind trust.”⁴

REAL ESTATE

1. List all North Carolina real estate in which you, your spouse, or other members of your immediate family have an ownership interest with a market value of \$10,000 or more.

Owner of Real Estate	Location by County and City	% Ownership Interest

2. List all North Carolina real estate with a market value of \$10,000 or more that is rented to or from the State by you, your spouse, or other members of your immediate family. Please identify the State agency involved in the property lease.

Identity of Lessor	Identity of Lessee (Renter)	Location by County and City

PERSONAL PROPERTY

3. List personal property with a market value of \$10,000 or more that was sold to or purchased from the State by you, your spouse, or other members of your immediate family *within the preceding two years*. Please identify the State agency involved in the purchase or sale of the property.

Identity of Purchaser	Identity of Seller	Nature and Location of Property

⁴ A “blind trust” is a trust that meets all of the following criteria: (a) the owner of the trust’s assets is unaware of the trust’s holdings and sources of income, (b) the individual or entity managing the trust’s assets (“the trustee”) is not a member of the covered person’s extended family and is not associated with or employed by the covered person or his or her immediate family, and (c) the trustee has sole discretion to manage the trust’s assets. G.S. 138A-3(1).

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

4. List personal property with a market value of \$10,000 or more that was leased or rented to or from the State by you, your spouse, or other members of your immediate family. Please identify the State agency involved in the property lease.

Identity of Lessor	Identity of Lessee (Renter)	Nature and Location of Property

INTERESTS IN PUBLICLY OWNED COMPANIES

5(a). List the name of each publicly owned company in which you, your spouse, or other members of your immediate family own interests valued at \$10,000 or more.

► Do not list ownership interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if (i) the fund is publicly traded or its assets are widely diversified and (ii) neither you nor an immediate family member are able to control the assets held in the mutual fund, investment company, or pension or deferred compensation plan.

► Do not disclose the *value* of your interests.

Owner of Interests	Name of Company

5(b). List the name of each company in which you, your spouse, or other members of your immediate family hold stock options valued at \$10,000 or more.

► Do not disclose the value of the stock option(s).

► Do not list companies disclosed in response to previous questions.

Owner of Stock Option	Name of Company in which Option is Held

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE "NONE."

INTERESTS IN NON-PUBLICLY OWNED COMPANIES OR BUSINESS ENTITIES

6(a). List financial interests valued at \$10,000 or more that you, your spouse, or other members of your immediate family have in a non-publicly owned company or business entity (including interests in partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations).

Owner of Interest	Name of Company or Business Entity	Specify if the owner is an officer, employee, owner, director, or partner of the company, <u>or</u> a member or manager of a limited liability company

6(b). For each of those non-publicly owned companies or business entities identified in question 6(a) (the “primary company”), please list the names of *any other companies* in which the primary company owns securities or equity interests valued at over \$10,000, *if known*.

Non-Publicly Owned Company (the Primary Company)	Other Companies in which the Primary Company Owns Securities or Equity Interests

6(c). If you know that any company or business entity listed in 6(a) or (b) above has any material business dealings, contracts, or other involvement *with the State*, or is *regulated by the State*, provide a brief description of that business activity.

Identify Company or Business Entity	Nature of Business Relationship with the State

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

VESTED TRUSTS

7. If you, your spouse, or other members of your immediate family are the beneficiaries of a vested trust with a value of \$10,000 or more that is created, established, or controlled *by you*, provide the following information.

► Do not list blind trusts. Please see footnote 4 on page 2 for the definition of “blind trust.”

Name & Address of Trustee	Description of the Trust	Your Relationship to the Trust

LIABILITIES

8. List each liability of \$10,000 or more incurred by you, your spouse, or other members of your immediate family, excluding indebtedness on your primary personal residence.

Name of Debtor (You, Spouse, Family Member)	Type of Creditor (Commercial Bank, Credit Union, Individual, etc.)

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

II. OTHER DISCLOSURES

9. If you, your spouse, or other members of your immediate family were at any time during the preceding calendar year (*not* just on December 31) a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in the State primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes, provide the following information.

► Do not list State boards or entities, or entities created by a political subdivision of the State.

► If the listed nonprofit corporations or organizations do business with the State or receive State funds, please provide a brief description of the nature of that business, if known, or which with due diligence could reasonably be known.

Identify Person and his/her Position	Name of Nonprofit Corp. or Organization	Nature of Business	Describe State Business or State Funding

10. List the name of each source of income (not specific amounts) of more than \$5,000 received by you, your spouse, or other members of your immediate family during the preceding year if that source was not previously listed in response to questions 1-9. Include salary, wages, professional fees, honoraria, interest, dividends, rental income, and business income. Please do *not* include income received from the following sources:

- Capital gains
- Federal government retirement
- Military retirement
- Social security income

Recipient of Income	Name of Source	Business or Industry	Type of Income

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE "NONE."

11. Are you are a practicing attorney? ____Yes ____No

If so, please check each category of legal representation in which you or the law firm with which you are associated has earned legal fees of \$10,000 or more during the preceding year.

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Admiralty | <input type="checkbox"/> Corporate | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Decedents' Estates | <input type="checkbox"/> Environmental | <input type="checkbox"/> Insurance | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Real Property | <input type="checkbox"/> Securities | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Tort litigation (including negligence) | | <input type="checkbox"/> Utilities regulation | |

12. Are you a licensed professional (other than an attorney) or do you provide consulting services individually or as a member of a professional association? ____Yes ____No If so, provide the following information for those services for which you charged or were paid over \$10,000 during the preceding year.

Type of Business	Nature of Services Rendered

13. If, as of December 31st of the preceding year, you or your employer, or your spouse or other members of your immediate family, or their employer, were licensed or regulated by, or had a business relationship with, a board or employing entity with which you are or will be associated, please provide the following information.

- You are not required to complete this question if you are a legislator or a judicial officer (“judicial officer” is defined in footnote 1). Please indicate if this is the case.

Identify Person	Identify Employer (if applicable)	Business or Regulatory Relationship

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

14. If, as of December 31st of the preceding year, you, your spouse, or other members of your immediate family were a director, officer, or governing board member of any societies, organizations, or advocacy groups which had an interest in issues over which your agency or board may have jurisdiction, please provide the following information.

► You are not required to complete this question if you are a legislator or a judicial officer. Please indicate if this is the case.

► Do not list organizations of which you are only a member.

Identify Person	Identify Name of Society, Organization, or Advocacy Group	Leadership Position (Director, Officer, Board Member)

15. Have you ever been convicted of a felony for which you have not received either (i) a “pardon of innocence” or (ii) an order of expungement regarding that conviction? ___ Yes ___ No
If yes, please provide the following information.

Offense	Date of Conviction	County and State of Conviction

16. During any calendar quarter in the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate), did you receive any gifts *while both you and the donor were outside North Carolina* and under circumstances that would lead a reasonable person to conclude that the gifts were given for the purpose of lobbying?

If so, and the total value of those gifts from a person or a group of persons acting together exceeds \$200 per quarter, please provide the following information.

► Do not report gifts given by members of your extended family.

► Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the “Expense Report for Exempted or Persons Not Covered.”

Date Item Received	Name and Address of Donor(s)	Describe Items Received	Estimated Market Value

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

17. During the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate), have you accepted a “scholarship” (a “grant-in-aid to attend a conference, meeting, or similar event”) *from a donor outside North Carolina* and that was related to your public position? If so, and the value of that scholarship from a person or group of persons acting together exceeds \$200, please provide the following information.

► Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the “Expense Report for Exempted or Persons Not Covered.”

Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

18. Are you or a member of your immediate family currently registered as a lobbyist or lobbyist principal, or have you been registered as such within the preceding 12 months? ___ Yes ___ No
If so, please provide the following information.

Name of Lobbyist	Lobbyist Principal	Date of Registration	Registration Expiration

19. Are you aware of any other economic or financial information necessary to fully disclose any actual or potential conflicts of interest you may have had during the preceding year or have currently?
___ Yes ___ No

If so, please provide that information. Please indicate “none” if you do not have any additional information to disclose.

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

Please ensure that you have responded to all questions, *specifically including question number 19*, and that you have stated “None” in response to those questions in which you have nothing to disclose. In the event you fail to answer a question, your disclosure statement will be returned and you will be required to correct any deficiencies, reaffirm the content of the form, and have the reaffirmation notarized.

**** North Carolina law establishes a fine of \$250 for failure to timely file a complete Statement of Economic Interest. In addition, it is a Class 1 misdemeanor to knowingly conceal or fail to disclose required information, and a Class H felony to provide false information on a Statement. Such actions can also subject you to disciplinary action in connection with your employment.****

Oath or Affirmation

I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that I have read this Statement of Economic Interest and any attachments thereto and that the information provided on the Statement and any attachments is true, correct, and complete to the best of my knowledge and belief. I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

Signature of Person Filing

STATE OF NORTH CAROLINA
COUNTY OF _____

Signed and sworn to or affirmed before me this day by _____
(Name of Person Filing)

Date: _____
(Official Seal)

Official Signature of Notary Public

Notary's printed or typed name: _____

My Commission Expires: _____

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”